

ROCHESTER



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ETHICS ORDINANCE DISCLOSURE FORM



AARON S. REEVES, ICMA-CM City Clerk 201 4th Street SE, Room 135 Rochester, MN 55904-3742 (507) 328-2900 FAX (507) 328-2901

NAME: ADDRESS: _	lan-Lochridge 2910 Clover Place SW Rochester, MN 55902
CITY, STATE	E, ZIP CODE
	name of your position, title or job title? Member - Zoning Board of Appeals
2. Is this an er	nployed, appointed, or elected position? Appointed
	name of the City department in which you are employed, or City board, or elected body on which you serve? Rochester Zoning Board of Appeals

For questions 5, 6 and 7, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The word "interest" also includes an interest arising from blood or marriage relationships or close business or political association or other personal relationships. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

4. When were you hired, appointed or elected to this position?

2014

(SEE REVERSE SIDE)

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5. Please list your interests in real property within the City of Rochester, other than your homestead. Complete on a separate page if necessary.

None

6. Please list any interests you have in a business doing business with the City.

None

7. Please list any interest you have in any business located within, or doing business in, the City.

None

8. List any and all employment.

Retired attorney

9. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

ROCOG, Chair Legal Assistance of Olmsted County, Board member, past president The Cronin Home, past president

League of American Bicyclists, BikeMN, USA Cycling, RASC

I hereby certify that the above information is complete and accurate.

Signature Lochridge

February 3, 2015

Date

Please mail completed and signed form to: Aaron S. Reeves, ICMA-CM, City Clerk, City Hall, 201 4th Street SE, Room 135 Rochester, MN 55904-3742 2/3/14